

NON-REPAIRABLE VEHICLE NOTICE OF RETENTION BY OWNER

VEHICLE IDENTIFICATION NUMBER	МОТО	DRCYCLE ENGINE NUMBER	MAKE	CALIFORNIA LICENSE PLATE
Valsiala Ourranda)	LAST NA	MF	FIRST	MIDDLE
Vehicle Owner(s) as of the Date of Loss	2.0110		11101	WIBBLE
as of the Date of Loss	AND LAST NA	ME	FIRST	MIDDLE
	OR			
	ADDRESS			
	CITY		STATE	ZIP CODE
			OIME	211 3052
Insurance Company Reporting Retention of this Non-Repairable Vehicle	and, as required settlement of los for a Non-Repair Motor Vehicles'	by California Vehicle Code s date, he/she must surrend able Vehicle Certificate. The database record for the veh	§11515.2, he/she has be der the vehicle's Certificat e vehicle owner(s) has als licle will reflect a "Non-Re	picle has been retained by the owner (seen notified that, within 10 days of the e of Title and license plates, and appear been notified that the Department expairable Vehicle" notation (brand).
	DATE	AUTHORIZED SIGNATURE FOR INSI	JRANCE COMPANY PRI	NTED NAME
	INSURANCE COMPANY			
	INSURANCE COMPANY	ADDRESS		
	DATE OF LOSS	CLAIM NUME	ER	DAYTIME TELEPHONE NUMBER
				()
STATE OF CALIFORNIA	* * * * *	* * * * * * * * * * * * *	* * * * * * * * * * *	*
STATE OF CALFORNIA DESAMINENT OF NO FIGH VISICAS A Public Service Agency	* * * NO	* * * * * * * * * * * * * * * * * * *	E VEHICLE ON BY OWNER	* * *
	* * * NO* *****	NON-REPAIRABLI TICE OF RETENTIC * * * * * * * * * * * * * * *	E VEHICLE ON BY OWNER	* * *
	* * * NO* *****	NON-REPAIRABLI TICE OF RETENTION	E VEHICLE ON BY OWNER	* * *
VEHICLE IDENTIFICATION NUMBER Vehicle Owner(s)	* * * NO* *****	NON-REPAIRABLI TICE OF RETENTIC * * * * * * * * * * * PRCYCLE ENGINE NUMBER	E VEHICLE ON BY OWNER	* * *
VEHICLE IDENTIFICATION NUMBER Vehicle Owner(s)	* * * * * * * * * * * * * * * * * * *	NON-REPAIRABLI TICE OF RETENTIC * * * * * * * * * * * * PRCYCLE ENGINE NUMBER ME	E VEHICLE ON BY OWNER * * * * * * * * * * * * * * * * * * *	* * * * * CALIFORNIA LICENSE PLATE
VEHICLE IDENTIFICATION NUMBER Vehicle Owner(s)	* * * * * * * * * * * * * * * * * * *	NON-REPAIRABLI TICE OF RETENTIC * * * * * * * * * * * * PRCYCLE ENGINE NUMBER ME	E VEHICLE ON BY OWNER ******* MAKE FIRST	*
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Vehicle Owner(s) as of the Date of Loss Insurance Company Reporting Retention of this Non-Repairable	* * * * * * * * * * * * * * * * * * *	NON-REPAIRABLI TICE OF RETENTIC * * * * * * * * * * * * ***********	E VEHICLE ON BY OWNER * * * * * * * * * * * MAKE FIRST STATE cribed non-repairable veh § 11515.2, he/she has be der the vehicle's Certificat e vehicle owner(s) has als	* * * * * * * * * * * * CALIFORNIA LICENSE PLATE MIDDLE MIDDLE
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MAIL COMPLETED FORM TO: Department of Motor Vehicles, P.O. Box 932345, Sacramento, CA 94232-3450

CLAIM NUMBER

DAYTIME TELEPHONE NUMBER

DATE OF LOSS